STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2315758/IL161969	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1)2) 300.1630c) 300.1630e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.1630 Administration of Medication c) Medications prescribed for one resident shall not be administered to another resident. e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report. These Regulations are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure residents are free from significant medication errors for 1 of 3 residents (R1) reviewed for medications in the sample of 6. This failure resulted in R1 having a hypoglycemic episode with stroke like symptoms, requiring hospitalization for 6 days.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 The findings include: On 7/19/23 at 10:15 AM, R1 was sitting in his room, talking on his phone. R1 was alert and orient and able to answer questions appropriately. R1 stated "I've been back here for a few days now; I was in the hospital a couple times. The last time, they sent me out, I couldn't talk. I was in the hospital a few days because they gave me the wrong medication. The hospital found out I was given diabetes medication, I'm not diabetic. It was very scary. I could have had a stroke!" On 7/19/23 at 10:50 AM, V6 Nurse Practitioner said R1 went to the hospital for a hypoglycemic episode and was there for a few days. V6 stated R1 is not diabetic and is not on any diabetic medications. V6 said if a diabetic medication is given to a non-diabetic patient hypoglycemia can occur. V6 said she gave orders to check R1's blood sugar twice a day to monitor R1's blood sugars for hypoglycemia since he came back. On 7/19/23 at 12:22 PM, V2 Director of Nursing said V7 Registered Nurse (RN) was the nurse on duty 7/2/23 for R1 and V7 was currently out of the country and not available. V2 was not aware of any medication errors reported to her and had not been told about R1's hospital test results showing R1 had been given a wrong medication. On 7/19/23 at 12:24 PM, V7's phone was not accepting calls at this time. On 7/19/23 at 12:25 PM, V8 RN Supervisor said he was the supervisor on duty when R1 was sent to the hospital. V8 said V7 RN came to him and asked him to check on R1 because V10 (R1's wife) said R1 was not acting himself and insisted	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 something was wrong. V8 said he looked at R1 and new R1 was not himself. V8 said R1 could not talk to him and was unable to follow commands. V8 said he activated 911 and R1 was sent to the hospital. On 7/19/23 at 12:37 PM, V6 said if R1's sulfonylurea blood test (done in the hospital) is positive that would indicate that R1 was given a medication containing sulfonylurea which is found in diabetic medications. V6 said the test results would be helpful to know how to move forward in treating R1 and figuring out why R1 had a hypoglycemic event. On 7/19/23 at 1:35 PM, R1 said the hospital called his wife (V10) at home and told her the test results showed he had been given the wrong medications. On 7/19/23 at 1:47 PM, V11 Hospital Critical Care Doctor was paged and did not return the call. On 7/19/23 at 2:35 PM, V9 Social Service at Hospital said her coworker called in the complaint as a mandated reporter. V9 said R1's blood test for sulfonylurea came back positive for glimepiride. V9 said R1 is not a diabetic and had not been prescribed that drug so they reported it. V9 said they called R1's wife and spoke with her about the test result and what it meant. On 7/20/23 at 8:44 AM, V10 said she was at the facility the evening R1 was sent to the hospital. V10 said V7 brought in medications for R1 and poured all of them in R1's mouth at the same time. V10 said R1 couldn't swallow the pills or move his mouth or lips at all. V10 said she told V7 something was wrong and V7 kept trying to get R1 to swallow pills giving him Glucerna and pudding. V10 said she told V7 again that	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 something was wrong, R1 was not himself, he couldn't move his lips at all, and his eyes were huge. V10 said two other nurses came into the room and V8 said to call 911. V10 said R1's face was drooping like he was having a stroke. V10 stated "I was so scared; I rode in the ambulance with him. I thought he was having a stroke!" V10 said when they arrived in the hospital R1's blood sugar was 17 in the Emergency Room and they were telling her that something was wrong, R1's sugar shouldn't be that low. V10 said R1 was admitted to the Intensive Care Unit where she stayed with him for several days while R1 received intravenous fluids with sugar in them. V10 said R1 was discharged back to the facility after his sugars were better. V10 said she received a call from the hospital a few days ago and they told her that the test results show R1 got medication for diabetes. V10 said the hospital was going to let the facility know what happened. On 7/20/23 at 9:06 AM, V2 Director of Nursing said she did receive the test results from the hospital for the sulfonylurea test and the results shows "glimepiride positive with a result of 16." V2 said she was able to pull pharmacy records and there were residents in that hallway that were diabetic and had that prescribed medication. V2 said the resident's medications come in packets, sometimes with multiple drugs in each packet. V2 said the nurses are supposed to verify the resident name on the packet and check the medication order in the Medication Administration Record, verifying the medication and dosage before giving to the resident. V2 stated "this is a disturbing mess! The nurse must have given the wrong medications in the morning and R1 started having signs and symptoms later that day around supper time."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 On 7/20/23 at 10:42 AM, V12 Social Service at Hospital said when R1 was at the hospital, the doctors and pharmacist thought something was off that R1 was having this hypoglycemic episode since he was not a diabetic and his records showed no order for diabetic medications, so they ordered a drug panel. V12 said the results did not come back until after R1 was already discharged back to the facility. V12 said the drug panel came back positive for glimepiride and confirmed the result of "16" indicating the drug was given to R1. V12 said she spoke with V10 and then reported to IDPH as a mandated reporter. R1's Minimum Data Set dated 6/24/23 shows R1 is cognitively intact with diagnoses of: anemia, atrial fibrillation, coronary artery disease, gastroesophageal reflux disease, septicemia, hyperlipidemia, arthritis, respiratory failure, aftercare following joint replacement surgery, presence of left artificial knee joint, osteoarthritis, partial intestinal obstruction, Crohn's disease, ileus, and chronic combined systolic and diastolic heart failure. R1's Physician Order Activity Report dated 7/19/23 shows from 6/18/23 to 7/19/23 there are no orders for glimepiride or any other diabetic medication. R1's Nursing Home to Hospital Transfer Form dated 7/2/23 shows R1 was transferred to the hospital for facial droop and altered mental status on 7/2/23 at 7:30 PM. R1's Hospital Discharge Instructions dated 7/8/23 shows R1 was in the hospital from 7/2/23 to 7/8/23. The same instructions show a pending lab of sulfonylurea screen blood sent out 7/3/23.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 R1's Hospital History and Physical dated 7/2/23 shows "79-year-old male with recent left total knee replacement. Today, he was in his usual state of health. He ate dinner, he was given his evening meds. Shortly after, he began having alerted mentation. He developed slurred speech, facial droop, and he was not following commands. Accucheck per Emergency Medical Services (EMS) was 75. Upon arrival here accucheck was 17 and 18 on recheck. He was given dextrose 50 and blood glucose level increase Neuro symptoms have resolved. He feels back to baseline. He has no history of diabetes and is taking no meds for diabetes. R1's CarePort-Printable Review Referral Paperwork dated 7/8/23 shows R1's blood glucose lab result of 49 LL on 7/2/23 at 8:41 PM (normal range 70-99). The same paperwork contains a Critical Care Physician Progress Note dated 7/3/23 at 1:15 AM shows "He presented to hospital emergency room (ER) late on 7/2/23 with facial droop and aphasia. Per notes upon arrival blood glucose was 17 and 18 on initial checks and he was given intravenous dextrose 50 (D50) with rise in blood glucose and a normalization of neuroexam. Repeat blood glucose in ER again noted to be low at 18. Additional D50 given and placed on infusion and admitted to intensive care unit for continued care. He has no history of diabetes and takes no oral hypoglycemic medications and is not on insulin. Elevated insulin and c-peptide levels were noted and raise concern for inadvertent administration of sulfonylureas while at rehab. Check sulfonylurea levels. V11's Progress Note dated 7/3/23 at 1:55 PM shows "Active Problem: hypoglycemia- no history of diabetes, not on antihyperglycemics, erroneous sulfonylurea administration at skilled nursing facility? Sulfonylurea lab pending. Acute	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009435	A. BUILDING: _____ B. WING _____	C 07/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUCONDA CARE	176 THOMAS COURT WAUCONDA, IL 60084

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 metabolic encephalopathy secondary to hypoglycemia, present on admission-resolved, confusion and altered state was due to his low glucose, with normalization of glucose, his mentation has normalized." R1's sulfonylurea screen from the hospital dated 7/3/23 shows "glimepiride-positive result of 16." The facility's Physician Order Activity Report dated 7/2/23 shows R6 had an order for "glimepiride 4 mg." The facility's Census for 7/2/23 shows R1 was in room XXX and R6 was in room YYY. The facility's Schedule for 7/2/23 shows V7 was the nurse assigned to the wings (including both R1 and R6). The facility's Administering Medications Policy dated 9/2021 shows "medications must be administered in accordance with the orders, including any required time frame. The individual administering medications must verify the resident's identity before giving the resident his/her medications. The individual administering the medications must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method(route) of administration before giving the medications." (A)	S9999		